

NLWJC - Kagan

DPC - Box 068 - Folder-002

Women's Issues-Domestic Violence

February xx, 1999

Senator Patty Murray
United States Senate
Washington, D.C. 20510

Dear Senator Murray:

Given your commitment to addressing the needs of domestic violence victims, I wanted to make sure you were aware of the opportunity presented in the recent Welfare-to-Work grant announcement issued by the Department of Labor. As you may recall, about 25 percent of the \$3 billion Welfare-to-Work funds for FY 98 and 99 are reserved for competitive grants to fund innovative community-based efforts to help welfare recipients with the greatest challenges get and keep good jobs. On January 26th, the Department announced the availability of approximately \$240 million for the third round of Welfare-to-Work competitive grants. In this round, the Department will place a high priority on funding applications targeted to populations who face particular challenges including victims of domestic violence. Applications are due April 30, 1999. Information about technical assistance available for potential applicants can be found at the DOL web site (wtw.doleta.gov).

The President has proposed \$1 billion in additional funding for the Welfare-to-Work program in his FY 2000 budget to ensure welfare recipients facing the greatest challenges can go to work, as well as to increase the employment of non-custodial parents so they can better meet their responsibilities to their children. I look forward to working with you on these and other matters.

Sincerely,

Bruce Reed
Assistant to the President for Domestic Policy

Women's issues - domestic violence

THE WHITE HOUSE
WASHINGTON

November 3, 1998

MEMORANDUM FOR THE PRESIDENT

FROM: BRUCE REED
MARY SMITH

SUBJECT: DIRECTIVE TO OPM FOR DOMESTIC VIOLENCE RESOURCE
GUIDE

On Wednesday, November 4, the Vice President will host a domestic violence event at which he will announce that the Social Security Administration will make it easier for victims of domestic violence to change their social security numbers. For the first time, victims of domestic violence will be able to get a new Social Security number by providing proof of domestic abuse.

In addition, the Vice President will announce the attached directive to the Office of Personnel Management requiring the development of a resource guide for federal employees who are victims of domestic violence. This directive builds upon your 1995 executive memorandum requiring all federal departments to begin employee awareness efforts on domestic violence. While some agencies, such as the Department of Health and Human Services and the Department of Justice, have developed their own resource guides, this new guide will serve all federal agencies and employees.

MEMORANDUM FOR THE DIRECTOR OF THE OFFICE OF PERSONNEL
MANAGEMENT

SUBJECT: GUIDE FOR VICTIMS OF DOMESTIC VIOLENCE

Domestic violence is one of the most serious public health issues and criminal justice issues facing our Nation. About 30 percent of female murder victims are killed by intimates each year. Women aged 16-24 experience the highest rates of intimate violence. In 1996, women experienced an estimated 840,000 incidents of rape, sexual assault, robbery, and aggravated assault at the hands of intimates. While this number has declined from 1.1 million incidents in 1993, we must strive to completely eliminate domestic violence both for its effects on the victim as well as on their children. Domestic violence does not discriminate -- it effects individuals of every age, race, gender, class, and religion.

My Administration is committed to fighting the scourge of domestic violence. As part of the 1994 Crime Act, I fought for and signed the historic Violence Against Women Act (VAWA), which provides a comprehensive approach to domestic violence, both through prosecuting offenders and providing assistance to victims. Through this Act, my Administration has provided almost half a billion dollars through STOP (Services, Training, Officers, and Prosecutors) grants to the states for law enforcement, prosecution, and victim services to prevent and respond to violence against women. The extension of the Brady Law prohibits anyone convicted of a domestic violence offense from owning a firearm. The Interstate Stalking Punishment and Prevention Act of 1996 makes it a federal crime to cross state lines intending to injure or harass another person.

In 1995, the Violence Against Women Office was established at the Department of Justice, elevating the fight against domestic violence to the national level for the first time. Since 1996, the 24-hour National Domestic Violence Hotline (1-800-799-SAFE) has provided immediate crisis intervention, counseling, and referrals to those in need, responding to as many as 10,000 calls each month.

Domestic violence affects all aspects of our society -- the family, the community, and the workplace. As the Nation's leading employer, my Administration has tried to set an example for private employers to protect and provide assistance to workers who are victims of domestic violence. In 1995, I signed an executive memorandum requiring all federal departments to begin employee awareness efforts on domestic violence. Last year, the Vice President announced that the Office of Personnel Management had developed a guide for dealing with workplace violence that outlines a wide array of strategies for preventing violence at work and for helping supervisors, security, and employee assistance staff to recognize the signs of violence, including domestic violence, and to prevent this violence.

Building upon these efforts, it is important to provide a resource guide to the thousands of federal employees across the country, whether they are a victim of domestic violence or the family member, neighbor, friend, or co-worker of someone who is being abused. I accordingly direct you to prepare within 120 days a resource guide that will (1) assist federal employees who

are victims of domestic violence by providing up-to-date information about available resources and outline strategies to ensure safety; and (2) help those who know a federal employee who is being abused to prevent and respond to the situation. This guide should list private as well as public resources such as counseling, law enforcement, federal workplace leave policies, and substance abuse programs. In developing this guidebook, you should consult with all interested parties, including the private sector and other federal agencies and offices -- particularly, the Department of Justice and the Department of Health and Human Services.

This guide, in addition to my Administration's continuing efforts to combat domestic violence, will strive to ensure to the fullest extent possible the safety of all federal workers and their families.

Women's issues -
domestic violence

To: Bruce Reed
Elena Kagan

From: Thomas L. Freedman
Mary L. Smith

Re: Reports on Domestic Violence/Violence Against Women

Date: July 20, 1998

Here are the three reports from the Department of Justice that Tom mentioned are close to being ready. None are particularly great. They are:

1. 1998 Annual Report: Evaluation of the S.T.O.P. Formula Grants under the Violence Against Women Act of 1994. DOJ wants to get this report, prepared by the Urban Institute, to the Hill before the Violence Against Women Oversight Hearing, which has been postponed until the week of July 27. This report summarizes federal and state activities and accomplishments in the third year of implementing the STOP Violence Against Women Grants Program. Highlights from this report reflect the programmatic impact resulting primarily from 1995 STOP funds. Forty-two states have now set a minimum level of domestic violence training for police recruits, and a survey of state prosecutor agencies found that the majority provide training in domestic violence.
2. Batterer Programs: What Criminal Justice Agencies Need to Know. Plans to be released on July 27. Provides information to criminal justice professionals about batterer treatment programs in order to help them make referrals.
3. Legal Interventions in Family Violence: Research Findings and Policy Implications. Plans to be released on July 27. Summarizes articles on collaborative efforts between police and protection agencies; arrest policies; protection orders; battered women defense strategies; sentencing; batterer treatment; child sex abuse; and child testimony.

We might couple one of these reports with an endorsement of Biden's VAWA II bill -- except that the House has passed a bill, sponsored by Conyers, that we probably could not support.



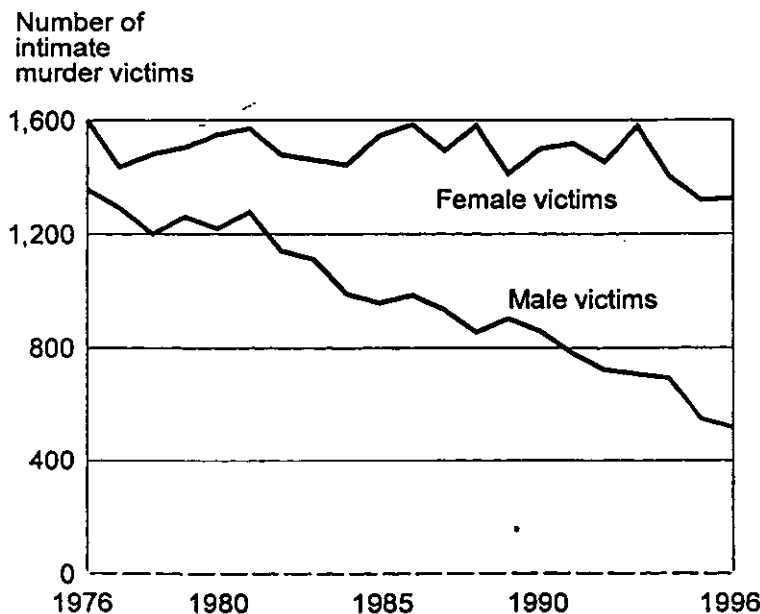
Bureau of Justice Statistics Factbook

Violence by Intimates

Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends

Intimates committed fewer murders in 1995 and 1996 than in any other year since 1976.

Between 1976 and 1996, for persons murdered by intimates, the number of male victims fell an average 5% per year, and the number of female victims went down an average 1%.

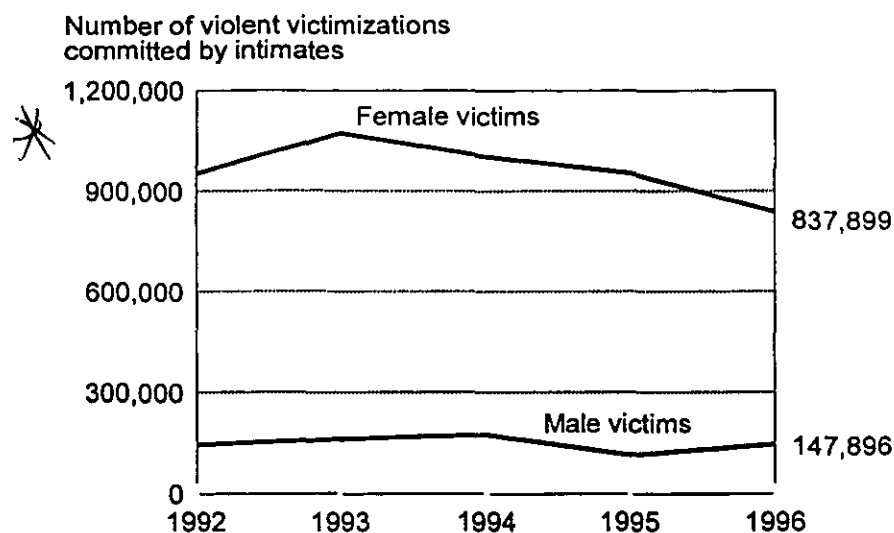


Note: Intimates include spouses, ex-spouses, common-law spouses, same sex partners, boyfriends, and girlfriends.

Trends in violence against intimates

On average each year from 1992 to 1996, there were more than 960,000 violent victimizations of women age 12 or older by an intimate (a current or former spouse, girlfriend, or boyfriend).

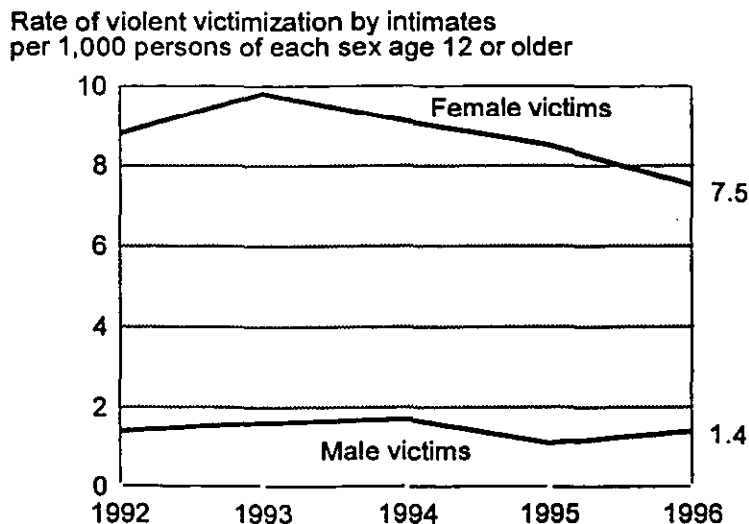
- The estimated number of violent victimizations of women by intimates declined from 1993 to 1996; the number of such victimizations of men did not vary significantly from 1992 to 1996.



Note: Violent victimizations include murder, rape, sexual assault, robbery, and aggravated and simple assault. Intimates include current and former spouses, boyfriends, and girlfriends.

On average each year from 1992 to 1996, about 8 in 1,000 women and 1 in 1,000 men age 12 or older experienced a violent victimization inflicted by a current or former spouse, girlfriend, or boyfriend.

- The rate of violent victimization of women by an intimate declined from 1993 to 1996.



Elena,

This is the data I was using. As you can see these tables just compare different years. If we want to use 1993, I would roughly estimate that in that year, the # of victims of lethal intimate violence was 2,300, compared with 1,800 in 1996

Analysis of trends in intimate murder, 1976-96

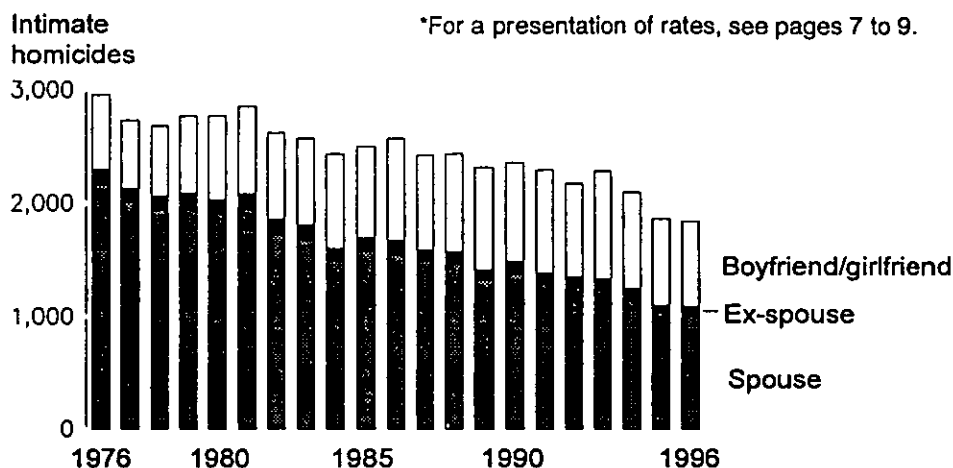
by James Alan Fox, Ph.D., BJS Visiting Fellow

The number, percentage, and per capita rate* of murders involving spouses, ex-spouses, or other intimates have declined over the past two decades.

The number of intimates killed has dropped from nearly 3,000 per year and 13.6% of all homicides in 1976 to fewer than 2,000 and 8.8% of all homicides in 1996.

In 1996 the number of intimate murders was 36% lower than in 1976. The number of spouse murders, the largest component of intimate murder, fell 52%.

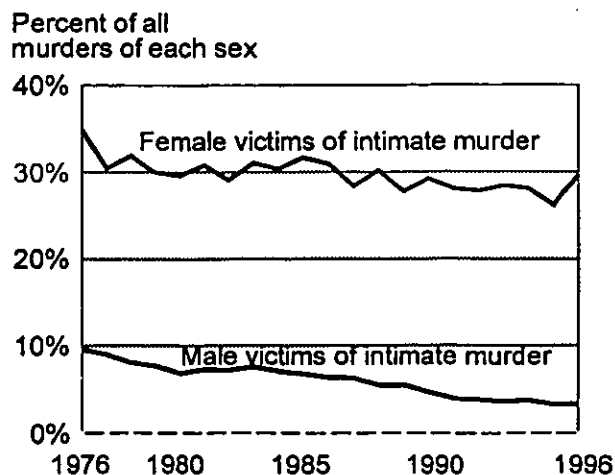
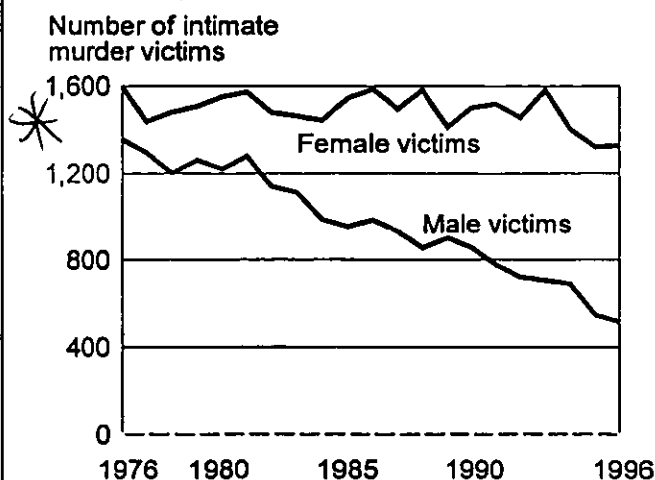
*For a presentation of rates, see pages 7 to 9.



Female murder victims are substantially more likely than male murder victims to have been killed by an intimate.

For 1976-96, 18.9% of women victims were murdered by husbands, 1.4% by ex-husbands, and 9.4%

by nonmarital partners (with an undetermined victim-offender relationship in 27.7% of the cases). Over the same period, 3.7% of male victims were killed by wives, 0.2% by ex-wives, and 2.0% by nonmarital partners (with an undetermined victim-offender relationship in 34.3% of the cases).



Note: Analysis in this section is based on murders and nonnegligent manslaughters included in the Supplementary Homicide Reports. All percentages are based on the total number of murders, regardless of whether the perpetrator was known or unknown. Intimates include spouses, ex-spouses, common law spouses, same sex partners, boyfriends, and girlfriends.

Tobacco Q&A
March 16, 1998

Q: What was the announcement today by tobacco farmers and public health groups?

A: A coalition of public health groups and tobacco farmers announced a set of core principles for national tobacco legislation. Among the organizations agreeing to the principles are the Burley Tobacco Growers Cooperative, the Flue-Cured Tobacco Stabilization Corporation, the American Heart Association, the American Cancer Society, and the Campaign for Tobacco Free Kids. The principles are geared toward reducing disease caused by tobacco products while simultaneously ensuring the future prosperity of tobacco farmers and their communities. The principles discuss subjects such as FDA authority, limits on tobacco advertising to children, and providing fair and equitable compensation for tobacco farmers and their communities.

Q: Does the President support this effort?

A: The President strongly supports the effort to build a coalition between farmers and public health groups, and in his statement today the President congratulated the coalition for its work thus far. The President has made protecting farmers and their communities one of the five key elements that must be part of any comprehensive tobacco legislation he will sign. The coalition's effort and principles are an approach that is consistent with the President's policy on comprehensive tobacco legislation and he looks forward to working with these groups in the future.

Q: What is the significance of this announcement for the future of tobacco legislation?

A: The agreement between tobacco farmers and public health groups demonstrates the potential to craft bipartisan comprehensive solutions that meet the goals of both the public health and tobacco farming communities. The Administration believes that it will be possible to form a similar consensus in Congress, and that the announcement today is another important step in enacting comprehensive legislation this year.



Women's Issues - Domestic
Violence

Washington, D.C. 20201

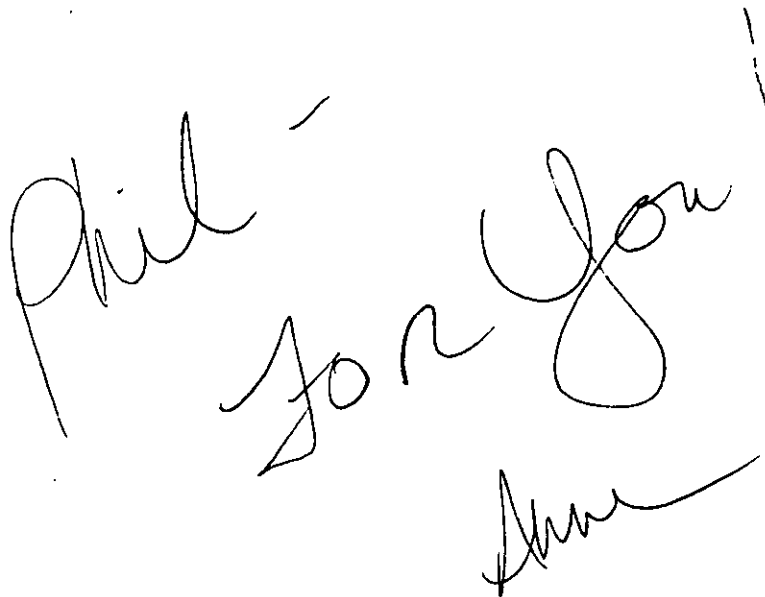
OCT 1 1997

MEMORANDUM FOR ANNE MCGUIRE

Attached is a memorandum for the President, from Secretary Shalala, transmitting the report entitled: Addressing Domestic Violence: An Agenda for the Department of Health and Human Services for FY 1998. The Report is being sent in anticipation of Domestic Violence Month (October).


William V. Corr

Attachments





THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 1 1997

MEMORANDUM FOR THE PRESIDENT

As you have so eloquently taught the nation, the tragedy of domestic violence touches all our lives. It touches our children, our senior citizens, our workers, our parents. It affects our hospitals, our schools, our businesses and our courts. It knows no boundaries of income, geography, age or race. Most important, domestic violence is not someone else's problem. We all have a role to play to prevent this devastating national problem and ensure that all our families are safe.

In observance of October as Domestic Violence Awareness Month, I am pleased to report to you the critical work that the Department of Health and Human Services is doing to address the violence which so deeply undermines the health and stability of our families and our nation. Teaming up with our partners, we have worked to create a seamless system that will prevent domestic violence, stop its perpetrators, and help victims get out of abusive situations.

We are proud of our accomplishments. Under the leadership of a Departmental steering committee on violence against women, HHS has focused on implementing two major laws: (a) the HHS-targeted provisions of the Violence Against Women Act of 1994 and (b) the domestic violence provisions of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Since family and intimate violence is a public health issue, we have also focused on the serious health consequences for women and their children.

- o We established the National Domestic Violence Hotline, a 24 hour toll free hotline that has received more than 118,000 calls since it was launched in February 1996;
- o We have enabled all states to establish education and prevention initiatives to reduce sexual assaults against women;
- o We have supported the training and education of health care and social services professionals and have developed and strengthened curricula that are used to prepare professionals who will come in contact with battered women;
- o We have established the National Resource Center on Domestic Violence and three special issue resource centers addressing health, child protection and custody, and the law. We have also funded a resource center to serve Native American tribes and a National Center on Elder Abuse;
- o We have studied school-based prevention curricula for youth and will make recommendations to Congress about models for use in primary, middle and secondary schools;

- o We have increased funding for shelters and related activities for battered women and their children by 53 percent;
- o We funded six community-based coordinated response and projects in FY 1996, and ten primary prevention projects in FY 1997;
- o In response to the President's directive to the Secretary and the Attorney General to assist states in implementing the family violence provisions in PRWORA, we have developed guidance for states, funded new research, and provided technical assistance on ways to address family and intimate violence effectively for victims seeking child support and work opportunities;
- o The Department, under the leadership of its Employee Assistance Program, recently incorporated and distributed a special section on domestic violence with its workplace violence guidelines, and sponsored a Workplace Violence Education Fair in Washington D.C.; and
- o Finally, the Department will shortly launch an Internet web site to provide a focal point for information about federal efforts, and has addressed the limitations of current data by stimulating on-going data collection, research, and evaluation to strengthen our knowledge and understanding of the best ways to prevent and treat family and intimate violence.

But the tragedy of domestic violence is still pervasive and the consequences too profound for us to rest on these accomplishments alone. We must build on them. We must improve the ways we as a society prevent violence and assist battered women and their children in moving from violence to safety. That's why the Department of Health and Human Services is redoubling its efforts in FY 1998.

Working with other Federal Departments, especially the Department of Justice, with the Advisory Council on Violence Against Women, with states and communities, the private sector and families themselves, we will focus on five key areas in the next year:

- I. **Strengthening the health care system's ability to screen, treat, and prevent family and intimate violence;**
- II. **Increasing the ability of battered women, including those on welfare, to obtain and retain employment and access child support;**
- III. **Encouraging greater linkages between the child welfare, family and intimate violence, and criminal justice fields to protect better both children and parents in homes where violence occurs;**

- IV. Enhancing community prevention and response systems by increasing collaboration between HHS and DOJ state and community-based grantees and other community-based groups; and
- V. Increasing the knowledge base about family and intimate violence, through data collection and research.

Domestic Violence Awareness Month offers an excellent opportunity for you to continue to demonstrate the extraordinary leadership you have shown on this issue. The significance of the month provides a chance for you to give attention to the Administration's accomplishments and the future goals we must meet with our partners in government, non-profits, and the private sector.

Thank you for your continued leadership on behalf of the nation's abused women and their families.

A handwritten signature in black ink, appearing to read 'Donna', with a long horizontal flourish extending to the right.

Donna E. Shalala

Enclosure

Addressing Domestic Violence: An Agenda for the Department of Health and Human Services for FY 1998

Introduction

"I call on American men and women in families to give greater respect to one another. We must end the deadly scourge of domestic violence in our country."

-- President Clinton, State of the Union address, 1996

The tragedy of domestic violence touches all our lives. It touches our children, our senior citizens, our workers, our parents. It affects our hospitals, our schools, our businesses and our courts. It knows no boundaries of income, geography, age or race. Most important, domestic violence is not someone else's problem. We all have a role to play to prevent this devastating national problem and ensure that all our families are safe.

The Department of Health and Human Services has taken important steps to address the family and intimate violence which so deeply undermines the health and stability of our families and our nation. Teaming up with our partners, we have worked to create a seamless system that will prevent domestic violence, stop its perpetrators, help victims get out of abusive situations and keep all families and children from falling through the cracks. Our past accomplishments and our goals for the future are grounded in several fundamental principles:

- Prevention is key. Attitudes must change to discourage people from acting violently. We must insist upon zero tolerance for violence in families and between partners.
- Every woman should have access to information and emergency assistance wherever and whenever she needs it.
- Battered women who seek self-sufficiency may need assistance. Both child support and employment can be important means by which battered women support themselves and their children and achieve safety.
- Safety for family members must be the first priority; enabling the victim of abuse to pursue a plan of safety for herself and her children must be a key priority.
- Our strategies must address perpetrators as well as victims of abuse. We must find ways to help batterers stop violent behavior and become good partners and parents.
- Preventing family and intimate violence requires the active involvement of all sectors of society, both public and private, at the federal, state, and community levels. Community-based coordinated approaches supported by local resources and commitments are essential.
- Preventive interventions and services must be culturally and linguistically appropriate.
- Program evaluation is critical. We must continue to evaluate prevention and service interventions to

determine their effectiveness, and share the results of these evaluations to improve policy and practice.

We are proud of our accomplishments (Attachment A). Under the leadership of a Departmental steering committee on violence against women, HHS has focused on implementing two major laws: (a) the HHS-targeted provisions of the Violence Against Women Act of 1994 and (b) the domestic violence provisions of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Since family and intimate violence is a public health issue, we have also focused on the serious health consequences for women and their children.

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- o In response to the President's directive to the Secretary and the Attorney General to assist states in implementing the family violence provisions in PRWORA, we have developed guidance to states, funded new research, and provided technical assistance to states on ways to address family and intimate violence effectively for women seeking child support and work opportunities;
- o The Department, under the leadership of its Employee Assistance Program, recently incorporated and distributed a special section on domestic violence with its workplace violence guidelines, and sponsored a Workplace Violence Education Fair in Washington D.C.; and

- o Finally, the Department has stimulated on-going data collection, research, and evaluation to strengthen our knowledge and understanding of the best ways to prevent and treat family and intimate violence; and will shortly launch an Internet web site to provide a focal point for information about federal efforts.

But the tragedy of domestic violence is still pervasive and the consequences too profound for us to rest on these accomplishments alone. We must build on them. We must improve the ways we as a society prevent violence and assist battered women and their children in moving from violence to safety. That's why the Department of Health and Human Services is redoubling its efforts in FY 1998.

We have been working with other Federal Departments, especially the Department of Justice, with the Advisory Council on Violence Against Women under the leadership of the Secretary and the Attorney General, with states and communities, the private sector and families themselves. Our partners include some of the major professional associations, such as the American Medical Association and the American Bar Association, which have given considerable leadership to addressing the needs of victims of abuse.

We will focus on five key areas in the next year:

- I. Strengthening the health care system's ability to screen, treat, and prevent family and intimate violence;
- II. Increasing the ability of battered women, including those on welfare, to obtain and retain employment and access child support;
- III. Encouraging greater linkages between the child welfare, family and intimate violence, and criminal justice fields to protect better both children and parents in homes where violence occurs;
- IV. Enhancing community prevention and response systems by increasing collaboration between HHS and DOJ state and community-based grantees and other community-based groups; and
- V. Increasing the knowledge base about family and intimate violence, through data collection and research.

The Departmental Agenda

- I. **Strengthening the health care system's ability to screen, treat, and prevent family and intimate violence.**

Evidence suggests that family and intimate violence is a major risk factor in a wide range of physical and mental health problems.¹ Although not often the presenting problem, a significant

¹ In this paper, we sometimes use the familiar term "domestic violence." We more frequently refer to "family and intimate violence," in which we include "partner violence," "spouse abuse," "dating violence," "sexual assault," "elder abuse," children in violent homes, and much of what is known as "violence against women."

percentage of emergency room visits by women result from partner violence. Violence is also a contributing factor in some cases of depression, traumatic stress disorder, substance abuse, pregnancy, AIDS and other sexually transmitted diseases, leading to a wide range of physical symptoms. Preventing partner violence could reduce markedly the occurrence of health problems faced by women and the substantial costs associated with treating them.

The health care field has made progress in assisting battered women. The Joint Commission for Accreditation of Hospitals and Health Organizations has made screening for family and intimate violence and elder abuse one criterion in accreditation. Many schools of medicine, nursing and other health professions have included family and intimate violence content in curricula. Some emergency rooms of hospitals and other health facilities have begun programs for screening and assisting battered women and victims of elder abuse. Health professional societies have programs to educate their members about the problem and to provide information about approaches for addressing it.

However, there is still a long way to go. Screening for family and intimate violence by health care providers is still not the norm. When screening is conducted and a problem is identified by the victim, staff often do not know what to do with the information or are reluctant to get involved. Administrators as well as direct services staff need to be trained so providers can institute appropriate policies. Providers also need to know what to do when the issue of violence or managing anger is identified as a problem by an abuser. Professional schools, when they do teach about family and intimate violence, offer limited information and little practical experience in addressing the problem. Few schools provide training on the issue. Few managed care organizations screen for family and intimate violence as a regular part of their patient care. Even fewer provide services to victims of family and domestic violence.

Next steps:

We plan to address these issues in two ways. (A) We will work with professional associations and schools to encourage greater attention to family and intimate violence in health care education. (B) We will reach out to accrediting bodies and other quality assurance entities, professional associations, health care providers, and family and intimate violence experts to encourage the adoption or improvement of family and intimate violence and elder abuse standards of accreditation in the full range of health settings.

A. Enhance the education of physicians, nurses, dentists, and other health professionals to prepare them to identify and respond to family and intimate violence.

Through our collaborative relationships with academic institutions and associations of the various health disciplines, we will explore ways to enhance the information and experiences students receive about family and intimate violence. We will further the views of the Secretary and the Attorney General expressed in a letter to medical schools recommending the inclusion of violence against women content in their curricula. In addition, we are supporting a collaboration of national nursing organizations in the development of a nursing strategy to address violence against women. Next year, we will develop training and practice protocols for use with professionals who work in community health centers, often the first source of help in low-

income neighborhoods throughout the country.

We know that classroom information is just one aspect of preparation for addressing real world issues. We will encourage schools and training programs to include practical experiences in which students can learn how to identify and helpfully respond to family and intimate violence. Many professional associations have addressed this issue in conferences, continuing education, and journals and by guidance to their members. Through a partnership with these groups and the family and intimate violence community, we will seek to improve the ability of health professionals, who are often the first line of contact with battered women and their children, and sometimes with their partners, to be more effective in helping them.

As we encourage the adoption of curricula and training programs, we need to be mindful of the need to evaluate them. It is through research that we can learn which approaches are effective in improving services to victims of abuse and their families.

B. Encourage the adoption of specific family and intimate violence standards into recognized protocols for the accreditation of health care providers.

HHS has begun and will continue to seek the adoption of family and intimate violence-specific standards by organizations that monitor health care practice in various settings. The growth of managed care organizations, with their emphasis on preventive health care, provides an opportunity to reach a large segment of the population. In this regard, the Office of Women's Health initiated a discussion with the National Council for Quality Assurance, the voluntary accreditation and standard setting body for managed care organizations. We have also begun, and will continue, to consult with professional associations, family and intimate violence experts, and the health care industry. We are exploring how feasible the adoption of family and intimate violence standards might be. Adoption of such standards would require consensus building around specific proposals. Family and intimate violence is unlike other health issues for which there are standards in place because many of its dimensions are social rather than disease-based. This year, we will attempt to move this agenda forward and to build support for specific family and intimate violence standards.

II. Increasing the ability of battered women, including those on welfare, to obtain and retain employment and access child support.

Being in, or having been in, an abusive relationship can create special difficulties for a woman who seeks to find or retain employment or to pursue child support. For some, partners may exert excessive control and physical abuse that undermines work efforts. For others, pursuing child support may be dangerous and require extra safety precautions. Yet despite these difficulties, many battered women want and need child support and salaries so they and their children can live in safety.

Child support assistance is available to all parents who need it. Federal child support enforcement responsibilities are not limited to welfare recipients. Child support enforcement agencies need to be aware that some custodial parents seeking services voluntarily may be at risk of harm from their child's non-custodial parent. Community-based organizations, such as community action agencies, which may have familiarity with peripheral family members and

community resources, may also be of assistance in providing services to custodial parents.

Although domestic violence plagues families at all income levels, the passage of PRWORA has created new and stronger demands on welfare recipients to work and cooperate in identifying and finding the father of their child for child support purposes. In line with the law the President signed, states now are applying rigorous work requirements and are establishing life-time limits on the number of months a recipient and her family can receive federal benefits.

The interaction between family and intimate violence and the need for welfare varies greatly depending on individual circumstances. One approach is not appropriate to all battered recipients. It is our goal to encourage states to provide a full range of appropriate services necessary to support the ability of battered women to seek and obtain employment, and pursue child support. We will also encourage states not only to recognize the serious effects of domestic violence, but to develop policies that protect battered women and their children from further risk of harm. What is needed are policies and practices that distinguish among battered women those who are able to work or pursue child support from those who suffer serious trauma, are currently being undermined in work efforts by the batterer, or face danger. We need to add to the mix of community resources available to battered women the efforts of community-based organizations which have job creation, job development and the accompanying support systems as their major objectives.

In October, 1996, President Clinton strongly encouraged states to implement the optional Family Violence Provisions of the temporary assistance section of PRWORA. Recognizing the unique needs and circumstances of battered women, he directed HHS and DOJ to provide guidance to states in their efforts to implement these provisions by consulting states, family and intimate violence experts, victims' services programs, law enforcement, medical professionals, and others. Also, he directed us to provide states with technical assistance and to study the scope of the problem.

In response to the President's directive, HHS and DOJ have engaged in extensive consultations with state representatives and experts. We have held many meetings with state officials about effective approaches. We have been implementing a technical assistance strategy that draws on the best thinking of state officials and experts, including information from "Fighting Domestic Violence on the Frontline," a demonstration project in Anne Arundel County, Maryland, funded by the Administration for Children and Families. Guidance about federal administration of the family violence provisions under the new welfare program will be forthcoming in proposed regulations in the next few months.

Although not conclusive, research documenting the prevalence of family and intimate violence, including partner abuse, among welfare recipients is becoming more extensive. Studies show that a significant number of welfare recipients have experienced some abuse in the previous year; for some, the abuse is current and severe. We are learning, too, from anecdotal evidence the ways that abuse can undermine a woman's ability to work or keep her job. For some, the pursuit of greater independence, through employment and child support, can be very dangerous for themselves and their children. However, for others, work and child support payments are ways to extract themselves from abusive situations. The Department will be funding a new resource center on welfare and developmental disabilities which also may increase our

understanding of the connections between welfare, developmental disabilities, and domestic violence.

Recently, Congress, in the Balanced Budget Act of 1997, directed the General Accounting Office to conduct and submit to Congress, within one year, a study of the effect of family violence on the use of public assistance programs, and, in particular, the extent to which family violence prolongs or increases the need for public assistance. We will cooperate with the GAO as they conduct this study.

Next steps:

Our strategy has three components. (A) With partners who have ties to businesses that hire low income women, we will encourage employers to adopt policies and practices that are supportive of abused women and aid them in retaining their jobs. (B) We are increasing what we know about family and intimate violence, welfare, and child support through research and demonstrations. (C) We will continue to assist states by sharing effective state practices and the advice of experts.

A. Encourage employers to adopt family and intimate violence sensitive policies and practices that facilitate the retention in jobs of employees, including former welfare recipients, who had been victims of abuse.

Abused women who work may be subjected to dangerous and inhibiting actions by their partners or former partners. Women may be harassed on the job with frequent phone calls, visited by their abusers, have their bosses harassed, and may need to take time off because of abuse. Employers that understand this phenomenon and wish to be supportive should adopt workplace violence prevention policies and practices in their business that help battered women become safe and retain their jobs despite difficult experiences. Some employers of larger firms have provided services and make referrals to family and intimate violence experts to assist women in these circumstances. The goal is to encourage more employers to do the same.

As battered welfare recipients move into employment, their chances of staying on the job and remaining self-sufficient will be enhanced considerably if their employers understand how to be supportive. To this end, we have had several discussions with organizations that have links to employers of potential welfare recipients. We will continue to explore with them strategies for providing employers with useful information and seeking their collaboration. We will work with other groups, such as the Welfare to Work Partnership and the Family Violence Prevention Fund's Workplace Violence campaign, to assist business leaders in addressing issues of family and intimate violence.

B. Increase our knowledge about effective approaches to assisting battered recipients in achieving safety, moving from welfare to work, and obtaining child support.

The Department will conduct several research and demonstration projects in the coming year that will expand our knowledge about effective approaches to assisting battered recipients of welfare and/or child support. These projects will provide useful information about child support enforcement and welfare to work policies and procedures being tried in states. The

Administration for Children and Families (ACF) is funding several demonstration projects to test procedures for dealing with problems some battered women may encounter when child support cooperation feels dangerous to them. We seek to learn how to pursue child support safely when family and intimate violence exists. ACF also is funding several grants to enhance collaboration between service family and intimate violence service providers and state or local welfare programs and a project to assess the effectiveness of welfare-to-work strategies for abused recipients. The Office of the Assistant Secretary for Planning and Evaluation is conducting an early assessment of the implementation of state welfare policy and practices regarding family and intimate violence.

In addition, Departmental staff are part of a widening network of researchers who have been studying the links between family and intimate violence, welfare and poverty. HHS' Joint Center for Poverty Research at Northwestern/ University of Chicago co-sponsored a September meeting at which new findings were presented and suggestions for future research discussed.

C. Work with states and their welfare agencies to expand the use of appropriate methods of identifying, assessing, and assisting battered welfare recipients and their children.

Addressing family and intimate violence in welfare caseloads is complex, given the varied needs of abused women and their children as they attempt to move from welfare to work. Identification and screening needs to be done in ways that encourage women to volunteer information while maintaining their dignity and confidentiality. Decisions have to be made based on careful assessments of recipients needs for safety, past trauma, abusive situations, and work histories. Welfare agencies have to develop ways of working with these recipients that are new to them, working in collaboration with family and intimate violence experts in communities. Also, state child support and welfare to work programs have to develop responses to domestic violence that are coordinated and consistent.

HHS is engaged in a technical assistance process of developing materials that we expect will address these complex issues in thoughtful and practical ways. The Department will conduct workshops and conferences with state officials and domestic violence experts to address issues of domestic violence and welfare, and assist in the development and dissemination of papers that inform public policy. We will continue to collaborate with states to provide materials that help states and localities institute practices that are effective for battered women. For example, ACF is working with the State of Maryland to expand the Anne Arundel County Department of Social Services domestic violence awareness training statewide.

III. Encouraging greater linkages between the child welfare, family and intimate violence, and criminal justice fields to protect better both children and parents in homes where violence occurs.

Children in families that experience domestic violence are particularly vulnerable, either as witnesses to the violence or in some cases as victims themselves. We will maintain a strong focus on protecting and assisting these children.

HHS will build on a variety of activities that we have undertaken over the past few years to link

child protective services and child welfare services **with** services to address family and intimate violence. A good deal of work has been done so far. We have funded the joint training of family and intimate violence practitioners with state or county child welfare staff. We have also funded six schools of social work to develop curricula on **training** social workers on family and intimate violence. The Department has studied current practice and has published a research report on the experiences of selected programs that are working **at** building this linkage. NIH is now funding a grant to study an intervention which seeks to **reduce** the risk for child maltreatment in families whose mothers are departing from battered women's shelters. We fund several national resource centers, one whose charge is child protection and custody, located at the National Council of Juvenile and Family Court Judges, that provides **technical** assistance on these issues. In addition, staff of the Department have been speaking at many meetings and conferences highlighting the issues and encouraging states and domestic violence programs to build domestic violence/child welfare collaborations.

We are entering the next stage in the development **of** collaborative efforts between child protection and family and intimate violence. The **first** phase focused mainly on training of staff and raising consciousness. It has been important to educate child protection workers and domestic violence staff to ways that their clientele **overlap**. Now, there is a need to address some difficult policy issues that have been identified through research and practice. The issues grow out of the sometimes different yet equally appropriate values of each field: child protection services and providers of services to victims of domestic violence. There are no easy answers to these issues but we can assist in helping to bring **together** people who are doing the best thinking and work and to prepare guidance materials that **reflect** their views.

Here are several key issues facing the field:

- **Balancing the safety of children while enabling battered mothers to find the approach to safety that works for them** - Tension exists between the values of the child welfare/child protective services (CPS) system and the domestic violence system. On one hand, society, through CPS must **protect** children from harm. On the other hand, domestic violence experts know that in **order** for a woman to move toward safety, she must have time to work out a safety plan for herself and her children, including a safe living arrangement. CPS and domestic violence experts need to work together to achieve a balance in helping her find a **path** to safety while acting to protect children when necessary.
- **Child Welfare's role in police interventions** - Some jurisdictions require the police, when they answer a family and intimate violence call and find children in the home, to involve automatically child protective services. Domestic violence experts are concerned that this will discourage battered women from seeking police protection out of fear that their children will immediately **be** placed in foster care. Approaches are needed in which the danger to children is assessed while not undermining the willingness of battered women to seek help.
- **A second victimization of battered women in the CW system** - When children are abused by a parent's partner (i.e. not her spouse) who is also abusing her, child protective services (CPS) agencies often cite the woman for "failure to protect" her

children, a category of neglect. They do so because they have little authority to sanction the partner. The challenge, however, is to avoid a double victimization of the parent, by the partner and by the system.

- **Assisting children who witness violence** - New dialogues are occurring about the role of the child protective services agency in intervening on behalf of children who are not abused but live in homes in which violence occurs. Often such children suffer consequences similar to those from direct abuse.

Next steps:

Over the next year, working with our partners in the Department of Justice and experts in the field, we plan to convene several meetings to explore these and other major issues in depth. We will encourage the development of consensus guidance for child welfare agencies on policy issues and will facilitate the dissemination of these materials as widely as possible. We will also work with experts on family violence about the need for protocols and interventions for those who work with children of violent homes. We will call attention through various forums, meetings and conferences to the work that still needs to be done and encourage those who have responsibility for dealing with family violence in its many forms to take concrete steps in policy and practice to meet the continuing need.

IV. Enhancing community prevention and response systems by increasing collaboration between HHS and DOJ state and community-based grantees and other community-based groups.

Since the enactment of VAWA, HHS and DOJ have worked together to support greater coordination among HHS and DOJ programs and grantees at the State and community level. DOJ has been a partner in the development of the community-based grants that were authorized by the VAWA. Likewise, CDC, ACF, and other HHS agencies have helped in the development of DOJ-funded STOP Violence Against Women formula grants to states. Through these efforts, we have informed both HHS and DOJ grantees about the programs and resources of each Department and encouraged state and local grantees to work together in addressing family and intimate violence.

In addition to fostering coordinated community responses, HHS and DOJ have a number of additional overlapping interests. One area is the effects of family violence on children. In the discussion about child welfare above, we mention the issue of how law enforcement and child welfare agencies could work together to protect the battered woman and her children. We are both also concerned about the availability of effective health and mental health services for such children. Another area of mutual concern is the problem for the health system in identifying battered women when there are laws in place or being considered that mandate the reporting of family and intimate violence to law enforcement. These laws have serious consequences for how health programs can operate and assist battered women.

In addition, the National Institutes of Health (NIH), the Administration for Children, Youth and Families (ACYF), the Centers for Disease Control (CDC), and DOJ's National Institute of Justice (NIJ) are jointly funding a study of the effectiveness of court orders, a legal intervention

to prevent future contact between women and their abusive partners, as a means of reducing subsequent violence and injury. Another jointly funded research project examines intimate partner homicide, by using police records to identify substance abuse and other risk factors.

Next steps:

HHS and DOJ are exploring ways to increase technical assistance to our respective grantees about each others areas of responsibility. For example, we will assist in preparing materials for DOJ STOP grantees about health and child welfare issues and encourage community based women's advocacy and justice agencies to enhance their collaboration with HHS-oriented systems. In return we will develop guidance for HHS family and intimate violence grantees about better ways to collaborate with state and local STOP grantees. HHS and DOJ will also work together to ensure that technical assistance and information about family and intimate violence are made available to other programs and services delivered at the community level. We will pay particular attention to communities of ethnic minorities, hard to service populations, and immigrants. We will make the same information available to DOJ/HHS tribal grantees as well.

HHS, through the Family Violence Prevention and Services Act, funds American Indian tribes to address family and intimate violence. In FY 1997, ACF funded a new national resource center to assist tribes. We will collaborate closely with DOJ in assuring that the resource center reflects the priorities and serves the tribal grantees (who are often the same) of both Departments.

In addition, we will utilize the materials developed by SAMHSA to strengthen the link between substance abuse and family violence services providers in order to prevent further violence by treating perpetrators and victims.

V. Increasing the knowledge base about family and intimate violence, through data collection and research.

Information about the scope of violence among intimates has come from a few sources, e.g., surveys whose purpose is to learn about crime or violent behavior. One of the most significant is the on-going National Crime Victimization Survey, conducted by the Department of Justice, that asks women and men about whether they have been victims of a crime, including that by an intimate partner. Another has been the National Family Violence Surveys, conducted in 1975 and 1986. The findings from the latest survey, designed to collect information directly on family violence, will shortly be published by the Center for Policy Research in Denver. This survey was funded by both DOJ and HHS.

National surveys and longitudinal data sets whose purpose is mainly information on violence are limited in the extent to which one can correlate findings with other factors of interest. While one can obtain from these sources information about the scope of the problem, one may not be able to learn about important interactions, such as how violent behavior is related to welfare receipt, how victims of violence utilize health services, or whether the violent partner is related to the children in the household. There is a need for national surveys that collect information on other subjects to include items on violence between partners.

There are several time, methodological, ethical, and cost challenges in accomplishing this goal. Adding new questions to existing surveys adds interview time. Different methods for collecting information have different benefits. Questions arise about reporting requirements. Research costs money. However, these types of issues have been faced before and we can make progress.

Next steps:

Evidence about family and intimate violence can be confusing and misleading. Definitions of the phenomenon vary. Consistent data over time are not available. Methodologies need to be improved. Findings are presented without reference to the context of the research from which they come, leading to inappropriate conclusions. Consequently, we must use data cautiously and carefully, reflecting the complex experiences of abused families and the limitations of the research we have to describe them.

We can do better. The Department is currently engaged in a process of trying to develop consensus definitions. We will seek better and more valid approaches to collecting information. Because the rewards for collecting information about family and intimate violence as part of national randomized household surveys would be great, we will explore the feasibility of doing so. We will draw on the expertise of the CDC and the Bureau of Justice Statistics at DOJ.

We plan to initiate discussions with the Census Bureau about the Survey of Program Dynamics for which a late stage is now being planned. We will also explore the feasibility of including violence information in other ongoing longitudinal surveys such as the Survey of Income and Program Participation (SIPP) which would enable us to track individual's experiences over time. Also, we will explore the feasibility of collecting violence information in national health surveys.

HHS is funding a number of studies to increase our understanding of both the scope of family and intimate violence as well as the effectiveness of selected program interventions. In terms of the scope of the problem, for example, NIH is funding studies of the violence, psychological symptoms, health problems, and childhood behavior problems of women and children in high crime, multi-ethnic neighborhoods; and another of the problem of abuse among female care givers in both Anglo-American and Mexican-American families. An exploratory study by ASPE will conduct new secondary analyses of data on the issue of teen dating violence, hold focus group discussions and review legal issues. Another study, funded by the National Institute of Child Health and Development (NICHD), will examine factors which predict relationship violence among inner-city youth.

Studies of program interventions include an NIH-funded evaluation of a cognitive intervention program designed to reduce violence among boys who have shown signs of using violence with their families or intimate partners, and an evaluation of a community-based program administered by nurses which focuses on abuse of female caregivers.

As other new issues are identified, we will explore opportunities for studying them.

Attachment A

**Preventing Violence Against Women
Major Accomplishments of the Department of Health and Human Services**

PREVENTING VIOLENCE AGAINST WOMEN
MAJOR ACCOMPLISHMENTS OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

"I call on American men and women in families to give greater respect to one another. We must end the deadly scourge of domestic violence in our country."

-- President Clinton, State of the Union address, 1996

Major Initiatives

National Domestic Violence Hotline. The hotline has received more than 118,00 calls from all 50 states, the District of Columbia, Puerto Rico and the US Virgin Islands, since it was established in the Violence Against Women Act and launched by President Clinton on February 21, 1996. The vast majority of these calls are from individuals who have never before reached out for assistance. To support the tremendous response to this service, the hotline received \$1.2 million in funding for FY 1997 -- an \$800,000 increase over its original 1997 authorization. A 24-hour, toll-free service, the hotline provides crisis assistance and local shelter referrals for callers across the country. Also in effect is an evaluation of the domestic violence hotline which will tell us how well the hotline is functioning, how well the public is being served, if staff and resources are adequate for tasks involved, and how well information is reaching the intended audiences.

Executive Action on Domestic Violence and Welfare Reform. On October 3, 1996, President Clinton urged all states to implement the Family Violence provisions included in the welfare bill he signed on August 22, 1996. To help welfare recipients who are victims of domestic violence move successfully into work, the provisions give states the option to screen welfare recipients for domestic abuse; refer them to counseling and supportive services; and temporarily waive any program requirements that would prevent recipients from escaping violence or would unfairly penalize them. The President also directed the Department of Health and Human Services to assist states in implementing the provisions. HHS is readying proposed regulations that address domestic violence provisions of the law, has awarded a contract to the National Resource Center on Domestic Violence to provide technical assistance, and is funding research to learn about best practices.

The Advisory Council on Violence Against Women. The Advisory Council on Violence Against Women was created on July 13, 1995. Co-chaired by Attorney General Janet Reno and Secretary of Health and Human Services Donna Shalala, the Council consists of 47 experts -- representatives from law enforcement, media, business, sports, health and social services, and victim advocacy -- working together to prevent violence against women.

The Violence Against Women Act (VAWA). VAWA passed as part of the Crime Act of 1994. It

is landmark bipartisan legislation -- combining tough new penalties with programs to prosecute offenders and help women victims of violence. VAWA is authorized to provide \$1.6 billion over five years to hire more prosecutors and improve domestic violence training among prosecutors, police officers, and health and social services professionals. It provides for more shelters, counseling services, and research into effective public education campaigns. In addition, VAWA sets new federal penalties for those who cross state lines to continue abuse of a spouse or partner. VAWA makes it unlawful for any person who is subject to a restraining order to possess ammunition or a firearm. It also requires states to honor protective orders issued in other states and gives victims the right to mandatory restitution and the right to address the court at the time of sentencing.

Within the Department of Health and Human Services, the following programs were authorized under VAWA.

- o Grants for Battered Women's Shelters. In FY 1997, HHS awarded \$72.8 million to states, territories, tribes and others to expand the availability of shelter services to victims of family violence and their dependents and provide other prevention assistance efforts -- an increase of 53 percent over the \$47.6 million available in FY 1996. These resources will also support related services, such as community outreach and prevention, children's counseling, and linkage to child protection services.
- o Education and Prevention Grants to Reduce Sexual Assaults Against Women. This program provides grants to states for rape prevention and education programs conducted by rape crisis centers or similar nongovernmental, nonprofit entities. States receiving grants must devote at least 25 percent of their funds to education programs targeted to middle school, junior high school, or high school students. HHS funded \$35 million to all states and territories for education and prevention grants to reduce sexual assaults in FY 1997, an increase of 22 percent over its 1996 expenditure.
- o Coordinated Community Responses to Prevent Intimate Partner Violence. This program will help build new community programs, strengthen existing intervention and prevention programs, and evaluate the impact of comprehensive community programs. HHS awarded 10 grants in FY 1997 for primary prevention activities in communities.
- o Education and Prevention Services to Reduce Sexual Abuse Among Runaway, Homeless, and Street Youth. This \$8 million program provides street-based outreach and education to runaway, homeless, and street youth who have been subjected to or are at risk of sexual abuse. The FY 1997 funding was an increase of 42 percent over FY 1996.
- o Youth Education on Domestic Violence. HHS has studied school-based curricula for youth and will make recommendations to Congress about the models for use in primary, middle and secondary schools. Curricula has been examined closely by an expert panel to ensure the development and implementation of successful prevention programs for

educating youth on domestic violence.

National Resource Centers Addressing Domestic Violence. HHS funds four national resource centers on domestic violence: general issues, health, child protection and custody, and the law. A fifth resource center to serve Native American tribes has just been funded and will begin operation this year. HHS has also funded the National Center on Elder Abuse.

Domestic Violence Victims Under the Immigration Law. At the Administration's urging, Congress included a provision in the immigration bill that the President signed on September 30, 1996, to ensure that immigrant women and children who are victims of domestic violence are eligible for vital public health services and are not denied services or subjected to deportation due to changes in rules. In addition, the immigration law now makes battered immigrants eligible for cash assistance and Medicaid if the states exercise this option.

Workplace Violence at HHS. This year, Secretary Shalala announced the completion and distribution of workplace violence guidelines for employees of the Department of Health and Human Services with a special section addressing domestic violence. One goal of this effort is to create and support a work environment in which potentially violent situations in HHS are prevented and effectively addressed. Another goal is to increase employee understanding of the nature of workplace violence. In Washington, DC, HHS sponsored a Workplace Violence Education Fair.

Other Major Activities

I. Strengthening the health care system's ability to screen, treat, and prevent family and intimate violence.

Training of Health Professionals. HHS has supported numerous activities in this area. For example: development of a framework for evaluating health care provider training programs; surveying all medical schools to determine the extent to which students are being prepared to deal effectively with issues of family and intimate violence; evaluating WomanKind, a hospital-based case management and advocacy program for victims of intimate partner violence, which also trains medical and hospital staff in the identification, referral, and treatment of these victims; development of professional training curricula for nurse-midwives; and an inventory of health care provider training materials to identify and treat victims of partner violence and sexual assault.

Substance Abuse-Related Materials. HHS has funded important projects to assist those working in the substance abuse field to address domestic violence. A treatment improvement protocol for providing substance abuse treatment to survivors of domestic violence as well as their perpetrators will be published shortly. HHS supported the development of a comprehensive curriculum and trained community teams on how to address violence against women.

National Nursing Summit. HHS is supporting a National Nursing Violence Against Women Strategy Initiative with participants from national nursing organizations to begin collaborations and the development of a national nursing strategy. The first National Nursing Summit on Violence Against Women will be held on October 27, 1997.

II. Increasing the ability of battered women, including those on welfare, to obtain and retain employment and access child support.

Child Support Enforcement. Demonstration grants were awarded to study issues of domestic violence, child support and welfare-to-work. Each grant will demonstrate approaches by which state and local agencies are addressing domestic violence. The results from these grants will provide additional data on the incidence of domestic violence among the child support/TANF recipients.

Child Support Enforcement Forum and Report. In February 1997, HHS convened a group of experts to discuss issues related to domestic violence and child support enforcement. The forum provided an opportunity to share ideas and to specify the technical assistance most needed. Results of this meeting have been widely disseminated. HHS is also working with the National Child Support Enforcement Association in holding a domestic violence conference in Austin, Texas, December 4-5, 1997 to train state child support and TANF staff on these issues.

Collaboration Between Welfare Agencies and Domestic Violence Providers. In FY 1997, HHS funded 12 grants to states and localities to enhance collaboration between domestic violence experts and welfare departments.

Domestic Violence and TANF. HHS funded a demonstration project in a local welfare agency to test out approaches to screening, case planning, and provision of services to victims of domestic violence so they can move safely from welfare to work.

Technical Assistance to State Welfare and Child Support Administrators. HHS is providing technical assistance to state welfare and child support administrators through the National Resource Center on Domestic Violence. Guidance on new approaches to working with battered women is being developed by teams of state officials and domestic violence experts. To help disseminate this information, each state has designated a child support and a welfare contact person for domestic violence issues.

Persons with Disabilities. In FY 1997, HHS established a National Technical Assistance Center on Welfare Reform and Disability. One focus of this Center will be to increase our understanding about linkages between welfare, disability, and domestic violence.

III. Encouraging greater linkages between the child welfare, family and intimate violence, and criminal justice fields to protect better both children and parents in homes where violence occurs.

Collaboration Between Child Welfare Agencies and Domestic Violence Providers. 26 grants have been funded over three years to local programs to stimulate collaboration between child welfare agencies and domestic violence providers. These projects primarily train child welfare staff to identify and respond appropriately to instances of domestic violence in their caseloads.

Child Welfare Training Grants. Five child welfare training grants to schools of social work to develop curricula and train social workers in family violence have been funded.

Community-Based Primary Prevention Projects. Several of the community-based primary prevention projects, which are described below, will engage in activities directed at youth. These projects seek to change attitudes and knowledge of youth about violence and will study how effective they are in preventing violence.

IV. Enhancing community prevention and response systems by increasing collaboration between HHS and DOJ state and community-based grantees and other community-based groups.

Coordinated Community Response Projects. These six three-year projects are designed to enhance and evaluate a coordinated community response to intimate partner violence. Three of these projects are being implemented in rural communities for developmental purposes, and the remaining three are being implemented in larger communities with existing intimate partner violence prevention coalitions for expansion purposes. All projects are working with HHS to develop core instruments to evaluate their programs as a multi-site coordinated effort.

Community-Based Primary Prevention Projects. A key focus of these 10 projects is on prevention strategies related to children who witness intimate partner violence in the home. Part of the funding has been available only to community-based organizations serving racial and ethnic minority populations in order to gain a greater understanding of prevention strategies within the context of individual cultures. These projects are funded for three years and evaluation results should be available by the spring of 2000.

Older Women Victimized by Domestic Violence. Six local and state domestic violence discretionary projects were completed that demonstrate a coordinated system of services and interdisciplinary professional training to meet the needs of older women (defined as women over fifty) victimized by domestic violence.

Freedom From Fear Campaign. Region III of HHS sponsored four Freedom From Fear regional conferences during FYs 96 and 97: one on elder abuse; one on violence against women; one on child abuse prevention; and one on family violence connections.

Increased Public Awareness and Education. Support was provided to local, state, and national family and intimate violence organizations for the national public awareness campaign *There's No Excuse for Domestic Violence*.

V. Increasing the knowledge base about family and intimate violence, through data collection and research.

National Academy of Science Violence Against Women Research Study. HHS and DOJ funded this study which continues to guide our research agenda aimed at understanding and controlling violence against women. The primary tasks of the study were to synthesize the relevant research literature and develop a framework for clarifying what is known about the nature and scope of violence against women, supplemented with lessons learned by field professionals and service providers, and finally to identify promising areas of future research. The conclusions of the panel were published by the National Research Council in a report to Congress entitled *Understanding Violence Against Women*.

National Academy of Science Assessment of Family Violence Intervention. HHS co-sponsored and supported a study on the characterization and assessment of family violence. This study is developing a synthesis of pertinent research and expert opinion regarding the strengths and limitations of existing program interventions in the area of family violence.

Violence Against Women and Violence Within the Family. \$6.7 million was awarded for 12 three-year research grants focusing on violence against women and violence within the family. The grants will encourage research on the abuse of children and elderly, partner violence, sexual violence, and perpetrators and victims of multiple episodes of family violence (e.g., abused children who witness parental domestic violence). Individual grants include the following: Children of Battered Women Project, Intervention for Domestic Abuse Among Latinos, Partner Violence in Native American Women Project, Intervention for Abuse of Aging Caregivers, The Effects of Community Violence on Women and Children, Prevention of Post-Rape Psychopathology in Women, and Treatment of Violent Adolescent Males From Abusive Homes.

Violence Against Women Research Program of NIMH. During the last 20 years, funding averaging \$6 million per year has been awarded for scientific research on violence against women as part of HHS' mental health research program. Early epidemiological studies provided strong evidence that family violence, especially child abuse and spouse abuse, were more common events in American families than society had believed. In addition, intervention research examines the effectiveness of treatment and prevention programs.

National Survey of Intimate Partner Violence. Through a joint grant by CDC and NIJ, the Center for Policy Research in Denver, Colorado has conducted a national survey of intimate partner violence and other violence against women. The survey has been completed and the initial reports on results will be coming out this year, including a report on stalking, prevalence, incidence, and medical needs of victims.

Women's Issues -
domestic violence

Ek-

Here's a
Summary
of the VAWA
bill.
Tom

MEMORANDUM

TO: TOM FREEDMAN, MARY L. SMITH
FROM: DREW HANSEN
RE: VIOLENCE AGAINST WOMEN ACT II
DATE: AUGUST 20, 1997

These are brief summaries of the bills included in the proposed VAWA II packet.

I. Sexual Assault

Preventing Sexual Misconduct in Prisons (Conyers).

- Prohibits State Departments of Corrections from hiring persons guilty of custodial sexual misconduct; requires the creation and maintenance of databases to make sure that this does not happen.
- Requires criminal penalties for custodial sexual misconduct.
- Enforcement for the above provided by reduction of '94 crime law funds by 10%.
- Creates a National Sexual Contact Hotline (800 #) for prisons.

Protection from Sexual Predators (Slaughter)

- Mandates life imprisonment for interstate sexual crimes for persons convicted of a previous state or federal sex crime, and ensures that such life imprisonment sentences are without the possibility of parole.
- Commissions a NIJ study of persistent sexual predators.

Agency of Campus Crime Reporting (Duncan)

Makes it easier for university officials to submit sexual incident (not only arrest) statistics and makes such information public. Noncompliance leads to reduction in federal funding.

Law Enforcement and Campus Grants to Reduce Violent Crimes Against Women on Campus

Grants to help campus administration and law enforcement officials to develop strategies to combat violence against women (such as increasing campus security and developing and enhancing victim services). Grants are \$500,000 per state and encourage cooperation with other

federal agencies.

National Commission on Standards of Practice and Training for Sexual Assault Examination Act

Creates a national commission to evaluate standards and create new standards for sexual assault forensic examinations.

Rape Prevention Education Amendments

Gives grants of \$45-50 million to rape crisis centers and nonprofit/non-governmental state sexual assault coalitions to develop educational seminars, hotlines, professional training, information, and public education activities regarding rape. 25% of such grants must go to middle schools, junior highs, and high schools. (This follows the provision in the '94 crime bill that 15% of certain funds must go to rape prevention activities).

Mandatory Notification of Options for College and University Students

Requires university officials who receive reports of sexual assault to notify the victim of the following options and to make the policy widely known:

- To contact the local police instead of or in addition to campus police.
- To contact a local rape crisis center instead of or in addition to university services.
- To contact a national sexual assault hotline.

II. Domestic Violence

Full Faith and Credit of Protection Orders and Grant Program (Conyers)

- Reduces funds allocated under the 1968 crime bill to states that do not give full faith/credit to protection orders.
- Provides \$1 million per year for three years for grants to provide technical assistance to states in recognizing protection orders.

Prohibition on Transfer of Firearms to Intoxicated Individuals (Conyers)

Prohibits the transfer of firearms to intoxicated individuals.

Domestic Violence Identification and Referral Act of 1999 (Boren/Morella)

Establishes preferred grant treatment for persons who have training in identifying, treating, and referring domestic violence victims.

Domestic Violence Victims Housing Act (Frank) *

Expands Section 8 housing assistance by \$50 million for people who have left or are leaving a residence as a result of domestic violence.

Domestic Violence Legal Services Eligibility Act (Pelosi)

Mandates that the LSC prescribe an "income rule" for determining if a client who is a victim of domestic violence is eligible for assistance (i.e. only the income of the client will be the consideration).

Domestic Violence Insurance Protection Act (Sanders)

Prohibits providers of health insurance, workers' compensation, auto medical insurance from using the fact that someone was a victim of domestic violence as a grounds for denying coverage, restricting coverage, refusing to renew coverage, increasing premiums, terminating coverage that was in a partner's name after divorce or separation or after the partner terminates the policy. Enforced by FTC oversight and/or by private action against the insurer.

National Summit on Sports and Violence (H.Con.Res. Sanders)

Should convene a national summit among persons related to sports (teams, media, community leaders, etc.) to develop a multifaceted action plan to deter acts of violence, especially domestic violence and sexual assault.

Community Initiatives Act (Furse)

Reauthorization of \$12 million in grants through 2002 for community initiatives regarding domestic violence.

Battered Women's Shelter Act (Lowey)

Grants for battered women's shelters, starting from \$50 million for FY '96 and increasing to \$260 million for FY 2002.

III. Limiting the Effects of Violence on Children

Family Safety Act of 1997 (Morella)

- Provides protection for children in cases of so-called parental kidnaping and potential return of children to abusive parents. Aims to set up protection standards for interstate relocation when parents dispute custody. Makes it an affirmative defense to a charge of parental kidnaping that the defendant acted within visitation rights, was fleeing a domestic violence situation, and could not return the child because of circumstances beyond the defendant's control.

- Funds a study of divorce and child custody cases in which domestic violence is a factor.
- Provides grants to states to enable them to enter into agreements to establish supervised visitation centers.

Concurrent Resolution Regarding Domestic Violence and Children (Morella)

Resolution that:

- It is not in the best interest of children to not have a presumption with prime custodial parent, to force parents to share custody in a domestic violence situation, to punish abused parents who protect themselves, to presume that allegations of domestic violence in custody and divorce proceedings are false, and to make 'friendly parent' provisions a factor when abuse is involved.
- Child abuse/child sexual abuse cases should be fully investigated regardless of when they are raised or whether the child has recanted the allegation.
- States should be far more protective of victims of domestic/family violence in custody and visitation determinations and not order inappropriate mediation, counseling, etc.

Creation of Supervised Child Visitation Centers (Morella)

Provides grants to states to establish supervised visitation centers. Grants are \$75 million in FY 1998 and rise to \$95 million by FY 2000.

Domestic Violence, Child Custody, and Child Protection Act (Morella)

- Requires states to provide training in domestic violence, sexual assault, and child abuse to staff responsible for investigation of reports of abuse and neglect to receive a grant under the Child Abuse Prevention and Treatment Act.
- Makes domestic violence a major consideration in foster care placement decisions.
- Requires states to provide training in domestic violence, sexual assault, and child abuse for anyone appointed to represent a child during judicial proceedings where abuse is an issue.
- Requires states to train judges and court personnel in the ways that domestic violence affects custody decisions, including the debunking of "parental alienation syndrome."
- Makes protection of children from potential abuse an affirmative defense to kidnapping or custodial interference charges.

ERISA Child Abuse Accountability Act (Maloney)

Permits the creation or assignment of rights to employee pension benefits if necessary to satisfy a judgment against a plan participant or beneficiary for physically, sexually, or emotionally abusing a child.

Rape and Child Custody

Protects rape victims from child custody disputes brought by the rapist: prohibits states from compelling victims of rape that resulted in birth of a child to comply with any order of parental/visitation rights, allows victims to seek redress in federal court.

IV. Domestic Violence in the Military

Civilian Jurisdiction for Crimes of Sexual Assault and Domestic Violence (DeWine)

Provides for civilian law enforcement proceedings against armed forces personnel who commit crimes of sexual assault and domestic violence.

Commission on Military Justice and Fairness Act (Maloney)

Establishes a Commission on Military Justice and Fairness to investigate certain aspects of the military justice system, including investigation of reports of sexual misconduct, sexual harassment, and unlawful gender discrimination.

Technical Amendments

Inserts new provisions regarding domestic violence into military justice regulations and provides for compensation with medical and dental care for victims who were dependents of armed forces members.

V. Crime Victims Assistance Act (Leahy)

A series of protections for victims of crime.

- Right to be notified of detention hearing and right to be heard on the issue of detention.
- Enhanced right to order of restitution.
- Right to be notified of escape or release from prison.
- Right to be notified of plea agreement and to be heard on merits of the plea agreement.
- Rights of notification and allocution at a probation revocation hearing.

- Enhanced right to be present at trial.
- Compliance assured by Attorney General review and by pilot programs to establish ombudsman programs for crime victims.
- Increased victim-assistance personnel, increased training for criminal justice officials to respond to the needs of victims.
- Other amendments to Victims of Crime Act of 1994.

VI. Protections for Women at High Risk

Older Women's Protection from Violence Act (Maloney)

- Creates long-term care ombudsman program and law school clinical programs on elder abuse.
- Creates training programs for law enforcement offices and social and health providers regarding elder abuse.
- Provides for grants to fund community initiatives, outreach programs, and other services to combat domestic violence against older women.

Protections Against Disabled Women



Requires U.S. Attorney General to establish a disabled women's project within the office of Violence Against Women.



Requires recipients of federal crime victim funds to comply with ADA. Programs should hire qualified disabled women to serve victims of crime.



Requires DOJ to establish data collection services regarding disabled women and domestic violence.

- Requires AG to request studies on disabled women and domestic violence designed and conducted by disabled women who are qualified researchers.
- Requires AG to establish the authority to receive and perform criminal background checks on persons applying to be personal assistants.
- Funds a project in which disabled women develop training on sexual assault.
- Requires AG to fund a national education campaign by and for disabled women.
- These strategies should be implemented by a.) set-asides of a percentage of VAWA

funds, and 2.) prioritization of grant applications that include plans to meet the needs of women with disabilities.

Protections for Battered Immigrant Women

An array of protections for battered immigrant women.

- The AG may cancel removal of an alien if removal would cause extreme hardship to the alien's parent.
- Provides other anti-removal protections for immigrants.
- Allows the AG to waive the "good moral character" requirement for stopping deportation proceedings in cases of certain crimes committed under the influence of domestic violence.
- Makes it easier for abused spouses to stay in the country when their abuser is deported because of abuse.
- Adds protections for victims of domestic violence who are married to bigamists who are U.S. citizens and for victims of domestic violence who are in the United States because of derivative visas (i.e. visas depending on someone in the United States).
- Improves protections for non-citizen spouses of U.S. military personnel.
- Improves protections for elder abuse victims who are immigrants.
- Removes barriers to gaining lawful permanent resident status for immigrant VAWA applicants (including the barrier on drug use if such drug use was resorted to as a result of domestic violence).
- Improves access to VAWA suspension of deportation/cancellation of removal and suggests additional provisions for children.
- Makes it easier for battered immigrant women to receive work authorization.
- Preserves battered women's ability to naturalize.
- Gives access to files which are ordinarily protected by the Privacy Act so that battered women immigrant can make a case for relief.
- Expands access to Legal Services, SSI, and Food Stamps for battered immigrant women.
- Provides for training for relevant personnel.

VII. Workplace Safety

National Workplace Clearinghouse Domestic and Sexual Violence Grant

Authorizes the AG to make a grant to establish a national clearinghouse on domestic and sexual violence in the workplace.

Crime Victims' Employment Non-Discrimination Act

Prohibits employers from taking or threatening adverse job action against an employee who has been a victim of crime based on that employee's status, experience, or condition as a victim of crime.

Battered Women's Employment Protection Act (Wellstone/Roybal-Allard)

Extends the Family and Medical leave Act to allow leave to address domestic violence and its effects.

Workplace Violence Prevention Tax Credit Act (Lowey)

Provides a credit for employers for certain costs incurred to combat violence against women (i.e. costs of implementing workplace safety programs such as hiring new security personnel to address violent crimes against women, establishment of leave policies, etc.)

Education and Training Grants to Promote Responses to Violence Against Women (Biden)

Creates education and training grants to promote appropriate responses to violence against women.

Sense of Congress Regarding Workers' Compensation

Defines the sense of Congress regarding state workers' compensation laws as assuming that such laws should provide benefits to women who are victims of workplace violence and should permit the employee to pursue an action at law against the employer.

Employer Liability for Gender Related Violence (Maloney)

Creates employer liability for negligent conduct that results in an individual committing a gender-motivated crime of violence against another individual on premises controlled by the employer.

MEMORANDUM

TO: TOM FREEDMAN
FROM: MARY L. SMITH
RE: NATIONAL WORK TO END DOMESTIC VIOLENCE DAY
DATE: JUNE 4, 1997

SUMMARY

The second annual *National Work to End Domestic Violence Day* will be held on Wednesday, October 1, 1997. Throughout the country, dozens of private businesses, public agencies, and unions that collectively employ millions of people will hold programs and distribute materials that alert workers to the prevalence of domestic violence. [Highlights of last year's event].

RECOMMENDATION

- Hold a White House event on October 1, 1997 to recognize the *National Work to End Domestic Violence Day*, inviting businesses and unions to participate.
- Announce that many of the employers are adopting a *Model Policy on Domestic Violence in the Workplace*.
- Announce alarm systems for battered women to be donated?

STATISTICS

- 94% of corporate security and safety directors surveyed ranked domestic violence as a high security problem.
- In an estimated 60,000 incidents of on-the-job violence, the victims knew their attackers intimately.
- The National Institute of Justice estimates that from 1987 to 1990, domestic violence cost Americans \$67 billion a year.
- In one study, abusive husbands and partners harassed 74% of employed battered women at work, either in person or over the telephone, causing 56% of them to be late for work at least five times a month, 28% to leave early at least five days a month, and 54% to miss at least three full days of work a month.

MODEL POLICY ON DOMESTIC VIOLENCE IN THE WORKPLACE

The Model Policy on Domestic Violence in the Workplace [5/12/97 draft attached] is a policy for employers to adopt in order to promote the health and safety of its employees, to heighten awareness of domestic violence, and to provide guidance for employees and management to address the occurrence of domestic violence and its effects in the workplace. The model policy emphasizes early intervention and education prevention strategies; zero tolerance for acts or threats of domestic violence in the workplace; leave options for employees experiencing threats of violence; and referral to assistance agencies for victims of domestic violence before disciplining for performance problems.

PARTICIPANTS

- Office for Victims of Crime
- Violence Against Women Office
- Aetna, Inc.
- American Council of Life Insurance
- American Federation of State, County, and Municipal Employees
- Bank of America
- Bechtel
- The Body Shop
- The Gap
- Kaiser Permanente
- Levi Strauss Foundation
- Liz Claiborne
- Marshalls
- Mintz, Levin, Cohn, Ferris, Glovsky, and Popeo, PC
- National Association of Manufacturers
- Newton-Wellsley Hospital
- NOW Legal Defense and Education Fund
- Polaroid Corporation
- Reebok
- Service Employees International Union
- Wells Fargo Bank
- WorkSafe



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National Workplace Resource Center on Domestic Violence

Thank you to everyone who made the first ever Domestic Violence Workplace Education Day such an overwhelming success!

On October 1st, dozens of private businesses, public agencies, and unions, that collectively employ millions of people, held programs and distributed materials that alert employees to the prevalence and severity of domestic violence. The support and enthusiasm from employers of all sizes and types, in every part of the country, far exceeded our expectations.

Domestic Violence Workplace Education Day was made possible by the support of the founding members of the National Workplace Resource Center on Domestic Violence, a project of the Family Violence Prevention Fund: **Aetna Inc., American Council of Life Insurance, American Federation of State, County and Municipal Employees, Bank of America, Bechtel, Food Marketing Institute, Kaiser Permanente, Levi Strauss, Liz Claiborne, Marshalls, Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, PC, National Association of Manufacturers, Polaroid, Reebok, Service Employees International Union, The Body Shop, The Gap, and Wells Fargo Bank.**

Some of the highlights of Domestic Violence Workplace Education Day included the following:

- * Marshalls, a leading off-price family retailer, distributed the Family Violence Prevention Fund's personal action kits to all 65,000 employees and placed materials in women's restrooms in all its stores.
- * David Lawrence, CEO of Kaiser Permanente, spoke at a lunchtime event at the corporate headquarters in Oakland, California.
- * The Gap distributed victim safety cards, informational materials and displayed posters at corporate headquarters in San Francisco, San Bruno, and New York.
- * Polaroid held a series of lunchtime seminars on the impact of family violence in the workplace and conducted a training for the employees of the City of Lowell, Massachusetts.

- The American Federation of State, County, and Municipal Employees, Service Employees International Union, AFL-CIO, and Coalition of Labor Women Union, distributed Workplace Education Day kits and posters to over 600 union leaders and activists throughout the country. The poster outlines how unions can take action to prevent domestic violence.
- Target stores held educational events at its corporate headquarters in the Minneapolis area, displayed posters on domestic violence in offices, placed brochures on domestic violence in company restrooms, and distributed information to its 140,000 employees throughout the nation.
- Bell/Atlantic/NYNEX Mobile issued educational e-mails to its more than 6,000 employees every day for a week to heighten their awareness of domestic violence and mobilize them to take action.
- Reebok distributed t-shirts on domestic violence to employees, invited a police officer to lecture to employees about domestic violence, and held a self-defense class for employees.
- Liz Claiborne distributed informational materials to employees suggesting action steps for men and women to take to end abuse.
- The American Council of Life Insurance circulated the "10 Steps to Take in the Workplace to End Domestic Violence" and urged their members to participate in Workplace Education Day.
- Bank of America included information about the FUND's website and Employee Assistance Program resources in an Employee Newsletter.
- Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, PC held a leadership breakfast for CEOs regarding domestic violence and distributed Workplace Education Day organizing kits to attendees.
- Aetna sponsored the exhibition of the 'Clothesline' art show, a display of more than 100 tee-shirts decorated with artwork by survivors of domestic and sexual violence, and included an article on domestic violence in a company publication.
- Attorney General, Janet Reno, spoke to Department of Justice employees on October 1st at a domestic violence information fair.
- Florida Governor Lawton Chiles announced a model domestic violence policy and held educational events for employees on October 1. Washington Governor Mike Lowry announced model domestic violence policies for state employees. Lowry also distributed pamphlets and displayed 15,000 FUND posters on battering in state offices.

- * In a joint announcement with four local unions, Los Angeles City Attorney, James K. Hahn presented the Workplace Domestic Violence Policy for employees of the City Attorney.
- * Cascade Engineering, in Grand Rapids, Michigan distributed materials and held breakfast and lunchtime educational sessions for employees.
- * Courts throughout New York state held educational events on October 1st.
- * Acme Materials and Construction Co., of Spokane, Washington conducted a coloring contest for children of employees and gave prizes to the child with the best picture of a happy family, displayed posters on battering at work sites, and collected donations for a local domestic violence agency.

This represents only a fraction of Workplace Education Day events. A full list of participants is attached. All the events were made possible by your hard work and by the generous leadership of the founding members of the National Workplace Resource Center on Domestic Violence.

We have included some examples of different strategies employers and unions utilized to educate employees and union members about domestic violence. You will find in the enclosed materials sample newsletter articles, sample brochures, sample letters from CEOs, sample posters, and many other great ideas for your next Workplace Education Day. Organizing kits for Workplace Education Day 1997 will be available in March 1997. To become a member of the National Workplace Resource Center on Domestic Violence or to obtain a 1997 Workplace Education Day organizing kit, call Donna Norton at (415) 252-8900, ext. 25. Thanks again for all your great work!

DRAFT- 5/12/97

FAMILY VIOLENCE PREVENTION FUND
NATIONAL WORKPLACE RESOURCE CENTER ON DOMESTIC VIOLENCE
MODEL POLICY ON DOMESTIC VIOLENCE IN THE WORKPLACE

This model policy may be adapted as a unified domestic violence policy or its component parts may be integrated into already existing related policies and/or guidelines.

The Family Violence Prevention Fund would like to acknowledge the support and counsel of the Office for Victims of Crime and the Advisory Committee of the National Workplace Resource Center on Domestic Violence. The Fund would especially like to thank Judith Bonderman and Katherine Garrett of the Office for Victims of Crimes, Sarah Connell of the Violence Against Women Office, Shaun Dix and Atlanta McIlwraith of The Body Shop, Julie Goldscheid, Esq. of NOW Legal Defense and Education Fund, Stephanie Harkness of Wells Fargo Bank, Steve Moskey, Catherine O'Reilly Collette of the American Federation of State, County, and Municipal Employees, Jim Hardeman of Polaroid Corporation, Eve Sheedy, Esq. of WorkSafe, Lauren Slovic, Karen Thomas, Dianne Yamashiro-Omi of The Gap, Beverly Younger Urban of Bank of America, and the members of the San Francisco Department of Public Health Domestic Violence in the Workplace Planning Group for comments on earlier drafts of this policy. This policy has also benefitted from the examples of policies or guidelines on domestic violence from Mintz, Levin, Cohn, Ferris, Glovsky, and Popeo, PC, Newton-Wellsley Hospital, Office of the Los Angeles City Attorney, Polaroid Corporation, Sacred Heart Medical Center, State of Florida, and State of Washington.

DRAFT- 5/12/97

FAMILY VIOLENCE PREVENTION FUND
NATIONAL WORKPLACE RESOURCE CENTER ON DOMESTIC VIOLENCE
MODEL POLICY ON DOMESTIC VIOLENCE IN THE WORKPLACE

- I. PURPOSE:** [Employer X] is committed to promoting the health and safety of our employees. Domestic Violence is a leading cause of injury to women in this country. The purpose of this policy is to heighten awareness of domestic violence and to provide guidance for employees and management to address the occurrence of domestic violence and its effects in the workplace.
- II. DEFINITIONS:**
- A. Domestic Violence:** A pattern of coercive behavior that is used by one person to gain power and control over another which may include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking, and economic control. Domestic violence occurs between people of all racial, economic, educational, religious backgrounds, in heterosexual and same sex relationships, living together or separately, married or unmarried, in short term or long term relationships. Domestic violence is a major cause of injury to women, although men also may be victims of such violence.
- B. Batterer, Perpetrator, or Abuser:** The individual who commits an act of domestic violence as defined above.
- C. Batterers' Intervention Programs:** Programs batterers attend that are designed to eliminate violence in intimate relationships, stop other forms of abusive behavior and increase victim safety. Inappropriate batterers' intervention programs include, but are not limited to couples, marriage, or family counseling and anger management courses. These have proven to be ineffective in stopping domestic violence.
- D. Survivor or Victim:** The individual who is the subject of an act of domestic violence.
- E. Employer Resources:** Work time, workplace phones, fax machines, inter-office mail, e-mail, or any other property of the employer.

DRAFT- 5/12/97

III. POLICY:

A. Early Intervention and Education Prevention Strategies

1. It is the policy of [Employer X] to use early prevention strategies in order to avoid or minimize the occurrence and effects of domestic violence in the workplace. [Employer X] will provide available support and assistance to employees who are survivors of domestic violence. This support may include: confidential means for coming forward for help, resource and referral information, additional security at the workplace, work schedule adjustments or leave necessary to obtain medical, counseling, or legal assistance, and workplace relocation. Other appropriate assistance will be provided based on individual need. In all responses to domestic violence, [Employer X] will respect the confidentiality and autonomy of the adult survivor to direct her or his own life, to the fullest extent permitted by law.
2. [Employer X] will attempt to maintain, publish, and post in locations of high visibility, such as bulletin boards and break rooms, company phone directories, and on-line information data bases, a list of resources for survivors and perpetrators of domestic violence, including but not limited to: The statewide domestic violence hotline number [(xxx) xxx-xxxx], the national domestic violence hotline number (800) 799-SAFB, [the Employee Assistance Program number], the phone number and description of local domestic violence resources, and a list of local batterers' intervention programs.

B. Zero Tolerance for Acts or Threats of Domestic Violence at [Employer X] Work Sites

1. [Employer X] will not tolerate domestic violence directed towards any employee or client while in [Employer X's] offices, facilities, work sites, vehicles, or while conducting business on behalf of [Employer X]. This includes the display of any violent, aggressive, or threatening behavior (verbal or physical) that results in physical or emotional injury or otherwise places a person's safety and productivity at risk.
2. Any employee who threatens or abuses someone in the workplace; or abuses someone out of the workplace by use of [Employer X's] resources will be subjected to corrective or disciplinary action, up to and including dismissal.

DRAFT- 5/12/97**C. Leave Options for Employees who are Experiencing Threats of Violence**

1. At times, an employee may need to be absent from work due to family violence, and the length of time should be determined by the individual's situation. This time period shall be determined through collaboration with the employee, supervisor/manager, Human Resources representative, [and union representative, where the employee is represented].
2. Employees, supervisors, and managers are encouraged to first explore whether paid options can be arranged which will help the employee cope with a family violence situation without having to take a formal unpaid leave of absence. Depending on the circumstances, this may include:
 - * Arranging flexible work hours so that the employee can handle legal matters, court appearances, housing, and childcare.
 - * Consider [sick, annual, shared, leave, compensatory time, or leave without pay], especially if requests are for relatively short periods.

D. Disciplinary Procedures for Employees with Performance Issues Related to Domestic Violence

1. While the employer retains the right to discipline employees for cause, [Employer X] recognizes that victims of domestic violence may have performance or conduct problems such as chronic absenteeism or inability to concentrate as a result of the violence. When an employee subject to discipline confides that the job performance or conduct problem is caused by domestic violence, a referral for appropriate assistance should be offered to the employee.
2. The manager, in collaboration with the employee, Employee Assistance counselor, Human Resource representative, [and union representative, where employee is represented] should allow a reasonable amount of time for the employee to obtain assistance regarding the domestic violence. Managers should be mindful that the effects of domestic violence can be severe and may take extended periods of time to address fully.

DRAFT- 5/12/97

IV. GUIDELINES REGARDING ASSISTANCE FOR SURVIVORS AND PERPETRATORS:

A. General Guidelines

1. The following information is provided to help employees of [Employer X] who are survivors of domestic violence obtain the services they desire and to enhance the safety of [Employer X] workplaces.
2. [Employer X], should show concern and offer available help, but also take care to treat domestic violence as all other employee's personal problems are treated. When believed that an employee is a survivor of violence or has any other personal problem, the focus should be on job performance and supervisors should suggest that the employee get help from a professional person who has expertise in the treatment of that particular problem.
3. Recognizing the absence of services and support for survivors of domestic violence and that a survivor of domestic violence may face threats of violence or death when they attempt to end a violent relationship, supervisors will make efforts to provide a nonjudgmental and supportive environment for the employee which is not dependent on the employee's decisions regarding the relationship.
4. A successful workplace intervention may consist of providing the employee with a non-judgmental place to discuss the violence, information to begin accessing resources in the community, or assisting the employee to formulate a plan to increase that employee's safety.
5. It is important that all employees know how best to respond to the effects of domestic violence on the workplace. The following clarifies roles for all staff:

a. Managers /Supervisors:

1. Participate in domestic violence training as provided.
2. Be aware of physical or behavioral changes in employees and consult with your Human Resources department/Employee Assistance Program/supervisor for advice. Your role is not to diagnose or counsel the employee, but to refer the employee to appropriate resources. The following behaviors may be associated with domestic violence: chronic absenteeism, inappropriate/excessive clothing, obsession with time, repeated physical injuries, isolation, emotional distress, depression,

DRAFT- 5/12/97

distraction, and excessive number of personal phone calls.

3. Managers/Supervisors must be respectful of employees' personal choices. If the manager or supervisor observes the signs and symptoms of violence, it is appropriate to convey concern regarding signs and symptoms and to educate the employee regarding resources available. It is critical that the manager/supervisor respect the employee's privacy and not pressure the employee to disclose any personal information.
4. Be responsive when an employee who is either the survivor or the perpetrator of domestic violence asks for help. Immediately contact your Human Resources/Employee Assistance Program/Security professional for assistance.
5. Maintain the confidentiality of domestic violence circumstances and any other referrals under this policy to the extent permitted by law. Inform other employees of the domestic violence circumstances on a need to know basis only. Wherever possible, give advance notice to the employee who is experiencing domestic violence if you need to inform others about the domestic violence situation.
6. Work with the survivor, Human Resources, the Employee Assistance Program, the Legal department, [union representatives], available Security staff, law enforcement, and community domestic violence programs, if necessary, to assist the victim to develop a personal workplace safety plan (See Appendix A) and make reasonable accommodation of that plan.

When assisting an employee to develop a personal workplace safety plan, ask what changes, if any, could be made at their workplace to make them feel safer. Survivors of domestic violence know their abusers better than anyone else. When it comes to their own safety, offer to assist them in developing a personal workplace safety plan, but allow them to decide what goes in the final plan. However, if it is determined that other employees or customers are at risk, it is essential to take measures to provide protection for them.

7. If possible, the supervisor will make efforts to adjust the survivor/employee's work schedule and/or grant leave [sick, annual, shared, leave, compensatory time, or leave without pay] if the employee needs to take time off for medical assistance, legal assistance, court

DRAFT- 5/12/97

appearances, counseling, relocation, or to make other necessary arrangements to enhance her or his safety. Be sure to follow all applicable personnel policies and procedures, [union contract provisions,] and statutes. This approved leave should not be held against the employee.

8. The employee should maintain communication with their manager during their absence. **Maintain the confidentiality of the employee's whereabouts.**
9. Work with Human Resource managers [and union representatives, if applicable,] to relocate employee to an alternate worksite, whenever feasible, if the employee requests to relocate for safety reasons. If relocation is offered, it should not produce any reduction in pay, status, or benefits.
10. With Human Resources or Communication department approval, post information about domestic violence in your work area. Also, have information available where employees can obtain it without having to request it or be seen removing it. Some suggestions are: restrooms, lunchrooms, or where other employee resource information is located.
11. Comply with all civil protection orders. If both the plaintiff and defendant in a civil protection order are employees of [Employer X], managers must work with Human Resources, the Legal department, Employee Assistance counselors, and Security to ensure that the defendant is relocated to a workspace in which the defendant will have no contact with the plaintiff. If you observe violations of the protection orders, document these violations and encourage the victim to call the police and/or contact the Legal department.
12. Respect the employee's boundaries and privacy, even if you disagree with the decisions she/he is making regarding the relationship. A survivor of domestic violence may make numerous attempts to leave before she/he is finally able to leave her/his batterer. It is often difficult to leave because of financial and childcare responsibilities, or threats of violence.
13. After consultation with Human Resources and legal counsel, take any appropriate disciplinary action consistent with policy and procedure [and collective bargaining agreements], up to and including termination,

DRAFT- 5/12/97

against employees who: use [Employer X] resources to perpetrate domestic violence outside of the workplace; harass, threaten, or commit an act of domestic violence in the workplace or while conducting [Employer X] business; or who are convicted of a crime as a result of domestic violence when such action affects the work performance of the employee or affects the normal operation of [Employer X].

14. Inform subordinates on a periodic basis about the employer's policy and procedures on encouraging work environments free from violence, threats and harassment.

b. Human Resource Professionals:

1. Participate in domestic violence training as provided.
2. Maintain a list of services available to survivors and perpetrators of domestic violence. This list should include: the national domestic violence hotline number, (800) 799-SAFE, the State Domestic Violence Coalition number [(xxx)-xxxx], Employee Assistance Program, local domestic violence shelters, certified batterers' intervention programs available to perpetrators, information on how to obtain civil orders of protection and criminal justice options, and any other available community resources.
3. Be a resource to employees, managers, and supervisors in addressing domestic violence situations.
4. Work with survivors, Security staff, the Legal department, [union representatives], law enforcement, and community domestic violence programs, if necessary, to develop a personal workplace safety plan to minimize the risk to the victim, other employees, and clients.
5. Work with supervisors, managers, [and union representatives] to grant leave, adjust work schedules, or attempt to find continued employment for employees who are survivors of domestic violence, if possible.
6. Maintain the confidentiality of domestic violence circumstances and any other referrals under this policy to the extent permitted by law.
7. Consult legal counsel and advise supervisors and managers in considering corrective actions against employees who: use [Employer X] resources

DRAFT- 5/12/97

such as phones, mail, faxes, etc. to perpetrate domestic violence; to harass, threaten, or commit an act of domestic violence in the workplace or while conducting [Employer X] business; or who are convicted of a crime as a result of domestic violence when such action affects the work performance of the employee or affects the normal operation of [Employer X].

8. Work with the survivor, the manager, the Employee Assistance Program, the Legal department, [union representatives], available Security staff, law enforcement, and community domestic violence programs, if necessary, to develop a personal workplace safety plan for the victim. (See Appendix A).

When assisting an employee to develop a workplace safety plan, ask what changes, if any, could be made at their workplace to make them feel safer. Survivors of domestic violence know their abusers better than anyone else. When it comes to their own safety, offer to assist them in developing a workplace safety plan, but allow them to decide what goes in the final plan. If it is determined that other employees or clients are at risk, it is essential to take measures to provide protection for them.

c. Employee Assistance Professionals:

1. Participate in domestic violence training as provided.
2. Train staff on how to identify warning signs of potential violence in both the survivor and the perpetrator, and on how to intervene most effectively.
3. Maintain up-to-date referral resources on domestic violence hotlines, advocacy groups, shelters, counseling services, and legal services (pro bono legal assistance and domestic violence/family court information), as well as resources for perpetrators, including certified batterer's intervention programs. As these resources change frequently, it will be important to verify the referral information frequently.
4. Provide education on domestic violence through existing or new channels such as lunchtime seminars, newsletters, posters, pamphlets, and employee and management trainings.

DRAFT- 5/12/97

5. Educate the employer about the Employee Assistance Program's ability to intervene in domestic violence situations. Inform management of the need to call the Employee Assistance counselor to consult about any domestic violence situations that they become aware of, including concerns about either survivors or perpetrators.
6. Work with survivors, Human Resource professionals, Security staff, the Legal department, [union representatives], law enforcement and community domestic violence programs to develop a personal workplace safety plan to minimize the risk to the victim, other employees, and clients.
7. Maintain strictest confidentiality and respect the survivor's need to be self-directing. When appropriate, with the survivor's written permission, provide advice and consultation to supervisors with respect to issues of domestic violence in the workplace in order to achieve workplace cooperation regarding leave of absence, fair consideration of any performance or conduct problems directly related to the violence, safety needs, disciplinary actions towards a perpetrator who works with a survivor and abuses that person in the workplace, and access to any other needed services. Discuss with Human Resources any personnel policy which may negatively impact survivors.
8. Establish a relationship with domestic violence service agencies in the community, sharing information and resources. One method of establishing a working relationship with a community organization would be to ask their staff to participate in workplace educational events on domestic violence.

d. Security Services:

1. Participate in domestic violence training as provided.
2. Provide consultation and reasonable assistance to employees experiencing domestic violence.
3. Document violations of a restraining order.
4. Respond and intervene, as needed, to calls concerning safety in the workplace.

DRAFT- 5/12/97

5. Accept transferred harassing telephone calls from the employee's abuser, and document the calls.
6. Work closely with appropriate law enforcement agencies to ensure workplace safety.
7. Keep a certified copy of any restraining orders provided by the employee to Security Services in a confidential file. Access to orders and information contained in them should be limited on a need to know basis.

e. Options for Employees who are Survivors of Domestic Violence:

1. Talk with a trusted co-worker, supervisor, [union representative], or manager about your situation.
2. Contact your nearest Employee Assistance Program office: [List phone numbers]
3. Contact the national domestic violence hotline at (800) 799-SAFE, the State Coalition Against Domestic Violence at [(xxx)xxx-xxxx], or the local domestic violence agency at [(xxx) xxx-xxxx].
4. Call the local police if you are in immediate danger.
5. Notify your supervisor of the possible need to be absent and find out your leave options. Be clear about your plan to return to work and maintain communications with your supervisor during your absence. If necessary and available, make alternate arrangements for receiving your paycheck.
6. If you are concerned about your safety at work, submit a recent photograph of the abuser and a copy of your protection order to your supervisor, the Legal department, Security, and the police department. This assists your employer in identifying the abuser should he/she appear in the workplace.
7. Work with your supervisor, Human Resource manager, or Employee Assistance Program manager to develop a safety plan (See Appendix A).

DRAFT- 5/12/97**f. Options for Employees Who are Perpetrators of Domestic Violence:**

1. Contact the nearest Employee Assistance Program office for confidential consultation and resources. [List phone numbers here].
2. Contact a batterer's intervention program: [List phone numbers here].

g. Options for Other Employees Who Have Concerns About Domestic Violence:

1. If you know or believe that a co-worker is a victim of domestic violence, communicate your concerns for her or his safety. Be clear that your role is to help and not to judge. Refer the employee to the Employee Assistance Program, a local domestic violence agency, or the national domestic violence hotline at (800) 799-SAFE. Maintain the confidentiality of the domestic violence circumstances and any other referrals under this policy to the extent permitted by law. Discuss the employee's situation with employee assistance counselors, human resources, or a local domestic violence program for further guidance.
2. Report any threats or violence that you experience or witness to your supervisor, Human Resources, Security, or the Employee Assistance Program.
3. Volunteer at a local domestic violence shelter or organize a workplace drive for domestic violence shelters.

DRAFT- 5/12/97

Appendix A

Components of a Workplace Safety Plan:

- a. Consider obtaining a civil order for protection and make sure that it is current and on hand at all times. Include the workplace on the order. A copy should be provided to the police, the employee's supervisor, Human Resources, the employee's reception area, the Legal department, and Security if the abusive partner may come to the work site.
- b. Consider providing a picture of the perpetrator to reception areas and/or security.
- c. Consider identifying an emergency contact person should your employer be unable to contact you.
- d. Review the safety of the your parking arrangements.
- e. Consider having Security escort you to and from your car or public transportation.
- f. Consider a change and/or unpredictable rotations of your work schedule, work site, or work assignment if such a change is possible an would enhance your safety at work.
- g. Consider having your telephone calls screened at work.
- h. Consider installing additional security measures for your work site. It may be possible to post security near your work site, install security cameras or silent alarms at your work site, relocate your work station to a more secure area, or provide you with a cellular phone for emergency use at work.
- i. Review the safety of your childcare arrangements. If you have a protective order, make sure the provider has a copy.

*Women's Issues - Domestic
violence***DRAFT****Ten Principles for the Workplace Prevention of Domestic Violence**

1. Employers should ensure that employees who are victims of domestic violence have the same rights, opportunities, and benefits as all other employees.
2. Employers and unions should create a workplace environment that is intolerant of all forms of violence including domestic violence and which supports victims of domestic violence to seek the resources necessary to stop the violence in their lives.
3. Employers and unions should provide education to employees on domestic violence and information about resources available in the workplace and/or community for victims of domestic violence and batterers. This education should be provided to employees in a clear, simple, and culturally-appropriate manner.
4. Employers should provide all supervisors and managers with guidance on how to identify and respond when an employee is a victim of domestic violence or when an employee is committing acts of domestic violence at or from the workplace.
5. Employees should not be disciplined or terminated because they have been victims of domestic violence or because the employer fears the impact of domestic violence on the workplace. Nor should any person be denied opportunities for employment, benefits, or promotion because they are or have been victims of domestic violence.
6. Organizations should commit to a policy of nondiscrimination against domestic violence victims in all aspects of their business and operations, including the delivery of services to customers.
7. All personnel, benefits, security policies, and employee assistance programs should be responsive to the needs of employees who are victims of domestic violence.
8. Employees who commit acts of domestic violence at or from the workplace must be treated or disciplined in the same manner as employees who commit other acts of violence or harassment at or from the workplace.
9. All workplace responses to domestic violence should respect the authority and autonomy of the adult victim to direct her or his own life.
10. Employers should convey to employees that domestic violence is a workplace safety issue and should to the fullest extent possible should take active measures to increase the safety of employees who request additional security because they are victims of domestic violence.

Ten Principles for the Workplace

Recognizing that domestic violence is a workplace issue which affects the safety, health, and productivity of America's workers, we are joining employers and unions across the nation to take a stand against domestic violence by committing to the following 10 principles.

Creating Safe Workplaces:

1. We will strive to create a workplace environment that is safe from all forms of violence including domestic violence and which supports victims of domestic violence to understand and access services, information, and protections available to them.
2. We will to the fullest extent possible take active measures to increase the safety of employees who request assistance because they are victims of domestic violence. We acknowledge the importance of keeping all requests for assistance in confidence, making information available only on a "need to know" basis.
3. In all workplace responses to domestic violence, we will respect the authority and autonomy of the adult victim to direct her or his own life.

Creating Fair Workplaces:

4. We acknowledge that employees who are victims of domestic violence should have the same rights, opportunities, and benefits as all other employees.
5. We believe that employees should not be disciplined or terminated simply because they have been victims of domestic violence or because the employer fears the impact of domestic violence on the workplace. Nor should any person be denied opportunities for employment, benefits, or promotion because they are or have been victims of domestic violence.
6. We are committed to nondiscrimination against domestic violence victims in all aspects of our business and operations, including the delivery of services to customers.
7. We believe that employees who commit acts of domestic violence at or from the workplace must be treated or disciplined in the same manner as employees who commit other acts of violence or harassment at or from the workplace. Where appropriate we will attempt to provide employees with referrals to certified batterers' treatment programs.

Creating Informed and Productive Workplaces:

8. We will strive to provide education on domestic violence to employees and/or union members. We believe that this education should include information about resources available in the workplace and/or community for victims of domestic violence and batterers.

9. We will strive to make all personnel, benefits, security policies, and employee assistance programs responsive to the needs of employees who are victims of domestic violence.

Creating Socially Responsible Workplaces:

10. As members of local, state, and national communities, we believe in our responsibility to support community efforts to end domestic violence.